

Charles A. Bon
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 875)**

SERIAL NO. 09/937518 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20	1		1				70						
21		1		1			71						
22	1		1				72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28	1		1				78						
29		1					79						
30		1					80						
31	1		1				81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36	1		1				86						
37		1					87						
38		1					88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	40	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	33	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			33				TOTAL CLAIMS						

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